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NO. 7887 P. 1

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Atty Docket No. 015358-005500US

PTO FAX NO.: 571-273-8300

ATTENTION: Mail Stop Amendment

Group Art Unit: 2178

**OFFICIAL COMMUNICATION
FOR THE PERSONAL ATTENTION OF
EXAMINER CESAR PAULA**

CERTIFICATION OF FACSIMILE TRANSMISSION

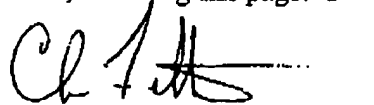
I hereby certify that the following documents in re Application of JAMEY GRAHAM, Application No. 09/348,652, filed July 6, 1999 for METHOD AND SYSTEM FOR GENERATING A DOCUMENT INTEREST PROFILE are being facsimile transmitted to the Patent and Trademark Office on the date shown below.

Documents Attached

1. Transmittal form - PTO/SB/21 (1 page)
2. Fee Transmittal form - PTO/SB17 (in duplicate) (2 pages)
3. Supplemental Information Disclosure Statement Under CFR § 1.97 and § 1.98 including SB08A and SB08B forms (4 pages)

Number of pages being transmitted, including this page: 8

Dated: 12/5/05



Christopher R. Fitting

***PLEASE CONFIRM RECEIPT OF THIS PAPER BY
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TOWNSEND and TOWNSEND and CREW LLP
Two Embarcadero Center, Eighth Floor
San Francisco, CA 94111-3834
Telephone: 650-326-2400
Fax: 650-326-2422

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NO. 7887 P. 2

DEC 05 2005

PTO/SB/21 (04-04)

TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>	Application Number	09/348,652
	Filing Date	July 6, 1999
	First Named Inventor	Graham
	Art Unit	2178
	Examiner Name	Paula, C. B.
	Attorney Docket Number	015358-005500US
Total Number of Pages In This Submission	8	

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Communication <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input checked="" type="checkbox"/> Supplemental Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s)	<input type="checkbox"/> After Allowance Communication to Technology Center (TC) <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): SB08A and SB08B forms, Facsimile Transmittal Coversheet
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT		
Firm or Individual name	Townsend and Townsend and Crew LLP Sujit B. Kotwal Reg. No. 43,336	
Signature	<i>S. B. Kotwal</i>	
Date	December 5, 2005	

CERTIFICATE OF TRANSMISSION/MAILING		
I hereby certify that this correspondence is being facsimile transmitted to the Patent and Trademark Office, Fax No. (571) 273-8300 on December 5, 2005.		
Typed or printed name	Christopher R. Fitting	
Signature	<i>Ch Fitting</i>	Date December 5, 2005

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PTO/SB/17 (12-04)

Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). FEE TRANSMITTAL For FY 2005		Complete if Known	
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Application Number	09/348,652
		Filing Date	July 6, 1999
		First Named Inventor	Graham
		Examiner Name	Paula, C. B.
		Art Unit	2178
TOTAL AMOUNT OF PAYMENT		Attorney Docket No.	015358-005500US
TOTAL AMOUNT OF PAYMENT		(\$) 180.00	

METHOD OF PAYMENT (check all that apply)

☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): _____
☒ Deposit Account Deposit Account Number: 20-1430 Deposit Account Name: Townsend and Townsend and Crew LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☒ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee
☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 ☒ Credit any overpayments

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2039

FEE CALCULATION**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Small Entity	Fee (\$)	Small Entity	Fee (\$)	Small Entity	Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description	Small Entity	Fee (\$)
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent	50	25
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent	200	100
Multiple dependent claims	360	180

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims	Fee (\$)	Fee Paid (\$)
-20 or HP =	x	\$	= \$0			
HP = highest number of total claims paid for, if greater than 20						
Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)			
-3 or HP =	x	\$	= \$0			
HP = highest number of independent claims paid for, if greater than 3						

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
- 100 =	/ 50 =	(round up to a whole number) x		

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other: Information Disclosure Statement (after office action)

Fees Paid (\$)

180.00

SUBMITTED BY

Signature	S.B. Kotwal	Registration No. (Attorney/Agent)	43,336	Telephone	(650) 326-2400
Name (Print/Type)	Sujit B. Kotwal			Date	December 5, 2005

60650233

I hereby certify that this correspondence is being sent by facsimile transmission to:

at Fax No.: 1-571-273-8300

On 12/5/05

TOWNSEND and TOWNSEND and CREW LLP

By: CE T.H.

PATENT
Attorney Docket No.: 015358-005500US
Client Reference No.: ID-RSV-197

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:

JAMEY GRAHAM

Application No.: 09/348,652

Filed: July 6, 1999

For: METHOD AND SYSTEM FOR
GENERATING A DOCUMENT
INTEREST PROFILE

Examiner: Cesar B. Paula

Art Unit: 2178

SUPPLEMENTAL INFORMATION
DISCLOSURE STATEMENT UNDER 37
CFR §1.97 and §1.98

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

The reference cited on the attached PTO/SB/08A form is being called to the attention of the Examiner. A copy of the reference is not enclosed. It is respectfully requested that the cited references be expressly considered during the prosecution of this application, and the references be made of record therein and appear among the "references cited" on any patent to issue therefrom.

As provided for by 37 CFR 1.97(g) and (h), no representation is being made that a search has been conducted or that this statement encompasses all the possible relevant information, and no inference should be made that the information and references cited are, or are considered to be material to patentability because they are in this statement. No inference

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JAMEY GRAHAM et al.
Application No.: 09/348,652
Page 2

PATENT

should be made that the information and references cited are prior art merely because they are in this statement.

This IDS is being filed before the mailing date of the final Office Action or Notice of Allowance. Please charge the IDS fee of \$180 to Deposit Account No. 20-1430. Please deduct any additional fees from, or credit any overpayment to, the above-noted Deposit Account.

Respectfully submitted,

S. B. Kotwal

Sujit B. Kotwal
Reg. No. 43,336

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SBK:crf

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PTO/SB/08A (08-03)

Substitute for form 1449A/PTO INFORMATION DISCLOSURE STATEMENT BY APPLICANT <i>(use as many sheets as necessary)</i>			Complete if Known		
			Application Number	09/348,652	
			Filing Date	July 6, 1999	
			First Named Inventor	Graham, Jamey	
			Art Unit	2178	
			Examiner Name	Paula, C. B.	
			Attorney Docket Number	015358-005500US	
Sheet	1	of	2		

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Examiner Signature		Date Considered	
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EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant. ¹ Applicant's unique citation designation number (optional). ² Kind Codes of U.S. Patent Documents at www.uspto.gov or MPEP 901.04. ³ Enter Office that issued the document, by the two-letter code (WIPO Standard ST.3). ⁴ For Japanese patent documents, the indication of the year of the reign of the Emperor must precede the serial number of the patent document. ⁵ Kind of document by the appropriate symbols as indicated on the document under WIPO Standard ST. 18 if possible. ⁶ Applicant is to place a check mark here if English language Translation is attached.

PTO/SB/08D (08-03)

Substitute for form 1449B/PTO INFORMATION DISCLOSURE STATEMENT BY APPLICANT <i>(use as many sheets as necessary)</i>				Complete if Known	
				<u>Application Number</u>	09/348,652
				<u>Filing Date</u>	July 6, 1999
				<u>First Named Inventor</u>	Graham, Jamey
				<u>Art Unit</u>	2178
				<u>Examiner Name</u>	Paula, C. B.
				<u>Attorney Docket Number</u>	015358-005500US
Sheet	2	of	2		

[illegible]

Examiner Signature		Date Considered	
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EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.

¹ Applicant's unique citation designation number (optional). ² Applicant is to place a check mark here if English language Translation is attached.

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